

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Dharamjay Rai, 7058997551
2	Vehicle No. / वाहन संख्या	UP57CD 0579
3	Policy No. / पालिसी संख्या	252400/31/2026/PRTL/18153685
4	Period of Insurance / बीमा अवधि	19/03/2026 to 18/03/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/06/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shahin Ali, UP5720240020970
8	Estimated Loss / अनुमानित हानि	6670/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश दोस्त शाकीर अली स्कूटी लेकर पड़ोना जा रहा था तभी एक आईड वाले ने खामने से चक्कर मार दिया स्कूटी बायें साईड गिरने से डेमेज हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta automobile Padrauna

Date / दिनांक : 09/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

धनजय राय



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No. 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/PRTL/10153685

Tel. No. _____

Period of Insurance 19/3/2026 to 18/03/2027

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name
- (b) Address for correspondence
- (c) Telephone

Dharamjay Rai
7058997551

2. THE INSURED VEHICLE

Make & Year <u>Hero/2026</u>	Engine No. <u>JA17ERRGM05563</u> Chassis No. <u>MBLJFN353RGM05572</u>	Registration No. <u>UP57CD</u> <u>0579</u>
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- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? Personal use.
- (c) Was trailer attached? No
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached No
 - 2. Was a pillion rider carried No.

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight
- (b) Unladen Weight
- (c) Weight of goods carried/Load Challan No.
- (d) Nature of permit
- (e) Nature of goods carried
- (f) Was the vehicle plying for hire
- (g) If Lorry/Jeep/Tractor, was trailor attached?
- (h) Number of passengers carried
- (i) Number of Passenger permitted

~~PIA~~

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shabiz Ali
(b) Age : _____
(c) Address : Padmauna
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Friend
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720240020970
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2043
(j) Was the licence temporary/permanent : _____
(k) Details of endorsement/suspension, if any : _____
(l) Has he been involved in any accident before?: _____
(m) Has he been charged by the policy? If so, Why?: _____

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 07/06/2020, 05.00 P.m.
(b) Place : Padmauna
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : _____
(e) If any third party was responsible for this accident give the name and address : बाइक वाले ने सामने से टक्कर मार दिया रूकूरी बाथे स्टाइर गिरने के रमेज ही गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 6670/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padmauna

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
(b) Address : _____
(c) Full Details of personal injury sustained : _____
(d) Name and address of any person/hospital giving medical attention to injured person : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~N/A~~

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

~~N/A~~

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police Station? : _____
(i) C.R. diary Number : _____

~~N/A~~

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 09/08/2026 200

Signature of the insured धनजय राय

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200_____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name

Signature

Address

Signature .. धन्नाजय राय ..

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

MOTOR INSURANCE CERTIFICATE CUM POLICY SCHEDULE
TWO WHEELER - BUNDLED COVER POLICY - ZONE B

Policy No	: 252400/31/2026/PRTL/18153685	Prev. Policy No	:
Cover Note No	:	Cover Note Date	:
Insured's Code	: PR8AMSDWOVN0	Issue Office Code	: 252400
Insured Name	: DHANANJAY RAI(GSTIN:-)	Issue Office Name	: 252400 : DO MEERUT(GSTIN:- 09AAACT0627R4ZU)
Address	: C/O RAMSAGAR RAI, S/O Ramsagar Rai, 148, Bishunpur Bariyapatti, Bishunpura, Kushinagar, Bishunpura, Uttar Pradesh, 274302,,PADRAUNA (KUSHINAGAR)	Address	: DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT
Tel./Fax/Email	: 8923054703//motorsathi3@gmail.com	Tel./Fax/Email	: 01214063570/
Lead/Breakin No	:		

Agent/Broker Details

Dev.Off.Code	: NY0000001702 AMIT SINGH
Agent/Broker	: BA0000155144 ABHINAV BHATI
POSP	:
Address	: A 512, RISHIK TOWER NEAR PARAS JOYOTI BANQUET HALL, STAR CITY, TALANGARI
Tel/Fax/Email	: 8218003891/abhinavbhatimeerut@gmail.com



MISP Code	:	MISP Name	:	MISP PAN No	:
Policy Period (OWN DAMAGE)	: FROM 19-03-2026 20:18 TO 18-03-2027 23:59				
Policy Period (LIABILITY)	: FROM 19-03-2026 20:18 TO 18-03-2031 23:59				
Collection No. & Dt.	: CD	UIN	: IRDAN556RP0006V02201819		
Gross Premium	: 4,966	GST	: 758.0	Stamp Duty	: 0.5
Geographical Area	: INDIA	Area Extension	: INDIA	Net Premium	: 4,208
E-Insurance Account No.	:	CKYC No.	:	FASTag ID	:
				Battery Number	:

Particulars of Insured Vehicle:

Registration Mark & Place	Engine No. & Chassis No.	Make - Model - Variant	Year of Manufacture	Type of Body Type of Fuel	Seating Capacity (Including Driver)	Cubic Capacity
Padrauna (UP57)	JF17ERRGM05563 MBLJFN353RGM05572	HERO DESTINI PRIME FI DRS SM	2026	PETROL	1 + 1	124

Limitations as to use:

The Policy covers use only under a permit within the meaning of the Motor Vehicles Act 1988 or such a carriage falling under Subsection 3 of Section 66 of the Motor Vehicles Act 1988.

1. Use only for social, domestic and pleasure purposes and for the insured's business or profession. The Policy does not cover use for hire or reward, tuition, racing, pace making, reliability trial, speed testing, carriage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade

Driver: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Under Section II-I(i) in respect of any one accident: as per Motor Vehicles Act, 1988.

Under Section II-I(ii) in respect of any one claim or series of claims arising out of one event is Rs. 100000

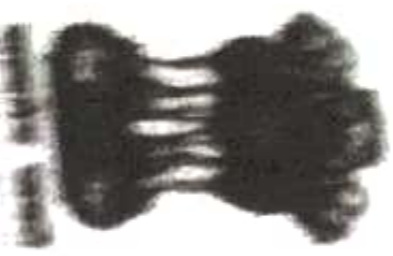
P.A. Cover under Section III for Registered Owner Cum Driver (CSI) : Rs. 0

*This insurance excludes all pre-existing damages

Place : MRT
Date : 19-03-2026



IRDA-REGNO-556



Indian Union Driving Licence Issued by Uttar Pradesh

UP57 20240020970

Issue Date: 20-11-2024
Validity (NT): 31-12-2043

Validity (TR):



Holder's Signature

Name: SHAMM ALI

Blood Group:

Organ Donor: M

Date of Birth: 01-01-2004

Sex: MALE

Son/Daughter/Wife of:

Address:
BANIYA PATTI BISAUNAPURA BISAUNAPURA
TAMKURIA RAJ KUSSENAGAR UTTAR PRADESH
274002

Date of First Issue: 20-11-2024

DL No: UP57 20240020970

PG. 0000148-10700



Invalid Carriage (Regn Numbers):

Hazardous Validity: Hill Validity:

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
LMV	LMV	UP57	20-11-2024	NT			
MVSD		UP57	20-11-2024				

Emergency Contact Number

Issuing Authority
UP57 BISAUNAPURA

ESTIMATE

GSTN : 09AHWP0569P1ZE
AUTHORISED DEALER



भारत सरकार
Government of India


धनञ्जय राय
Dhananjay Rai
जन्म तिथि / DOB : 01/01/1980
पुरुष / Male

8665 5779 3892




आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India


पता:
आत्मज: रामसागर राय, 148,
बिश्नपुर बरियापटी, बिश्नपुरा,
कशीनगर, बिश्नपुरा, उत्तर प्रदेश,
274302

Address:
S/O: Ramsagar Rai, 148,
Bishunpur Baryapatti,
Bishunpura, Kushinagar,
Bishunpura, Uttar Pradesh,
274302

8665 5779 3892

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



व्यक्तिगत आयकर विभाग
Permanent Account Number Card

CACPR9927F



19122009

नाम / Name
DHANANJAY RAI

पिता का नाम / Father's Name
RANDESHWAR RAI

व्यक्तिगत आयकर
विवरण / Details
01/01/2000

व्यक्तिगत आयकर
विवरण / Details

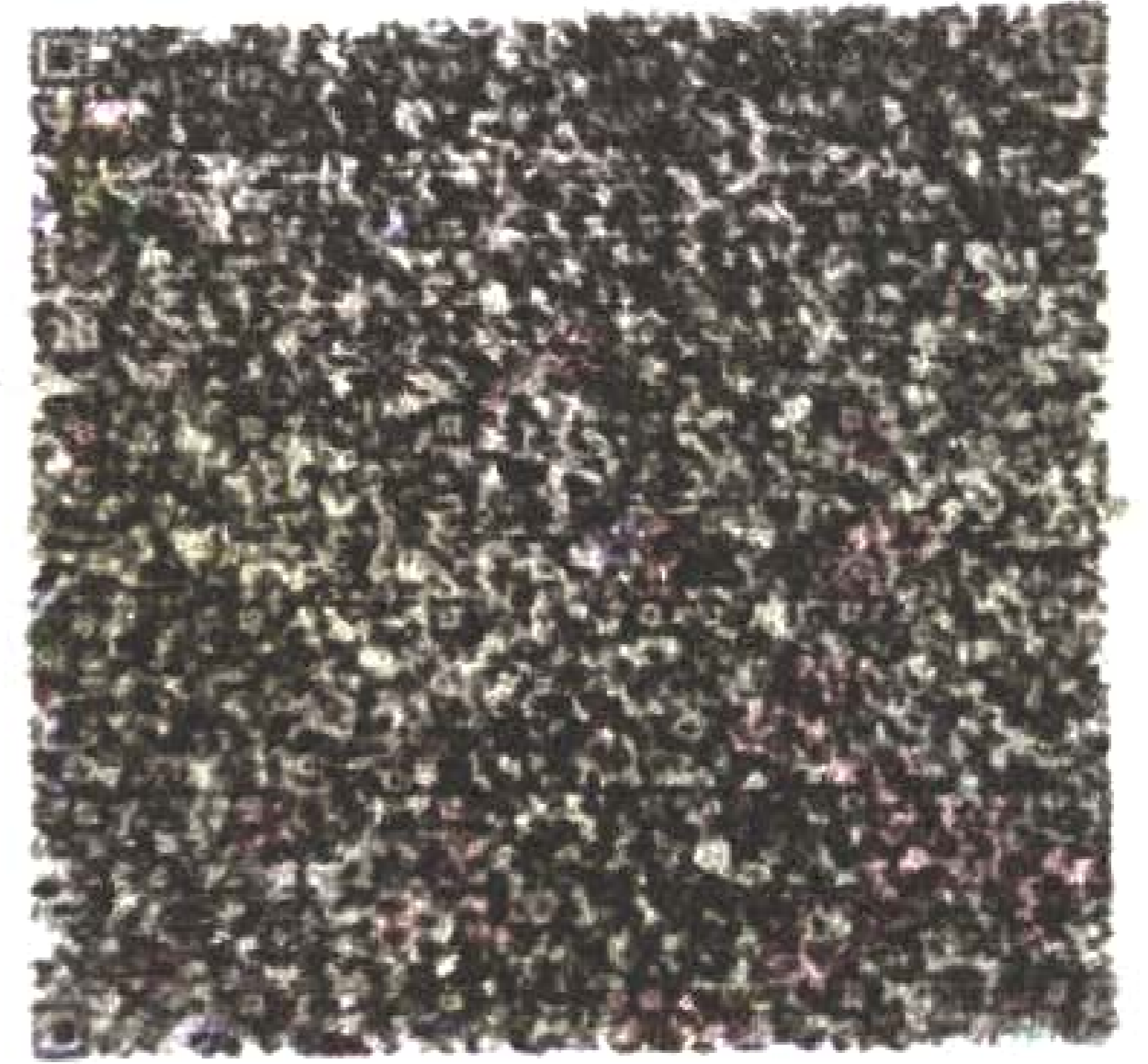
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CACPR9927F



नाम / Name
DHANANJAY RAI

पिता का नाम / Father's Name
RAMSAGAR RAI

19122020

जन्म की तारीख /
Date of Birth
01/01/1980

धनंजय राय
हस्ताक्षर / Signature

UP57CB2909

QTY.	RATE	AMOUNT	P.
		1250/-	
		7336/-	

वा सूचना पत्र .

Spot / Final surveyor. / नीचे
युक्त करने की व्यवस्था करें -

GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh

Printed On: 18-May-2026 14:04:50



RECEIPT/APPL No:

Vehicle Class:

Received From:

Receipt date:

Chassis No:

Transaction Id:

Remarks:

UP57D26040000644/UP26032645153274

M-Cycle/Scooter

DHANANJAY RAI

06-Apr-2026

MBLJFN353RGM05572

UPZ2604061552752

ONLINE-PAYMENT

Vehicle No:

Sale Amount :

Bank Ref No:

UP57CD0579

733571-

CPAGOKCHH8

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	10	310
MV Tax(19-Mar-2026 to One Time)	7336	734	8070
GRAND TOTAL (in Rs): 8380/- (EIGHT THOUSAND THREE HUNDRED AND EIGHTY ONLY)			

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

AJAY SIR

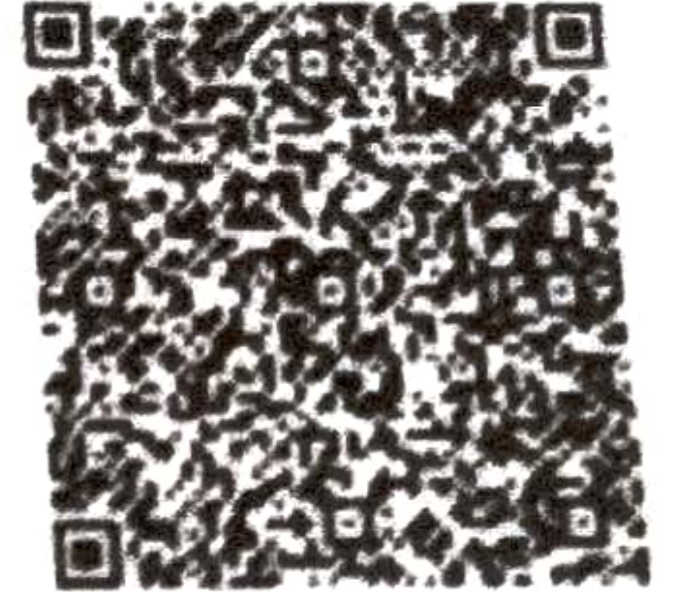
GUPTA AUTOMOBILES

Customer Copy

Printed On: 18-May-2026 14:04:50



GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh



RECEIPT/APPL No:

Vehicle Class:

Received From:

Receipt date:

Chassis No:

Transaction Id:

Remarks:

UP57D26040000644/UP26032645153274

M-Cycle/Scooter

DHANANJAY RAI

06-Apr-2026

MBLJFN353RGM05572

UPZ2604061552752

ONLINE-PAYMENT

Vehicle No:

Sale Amount :

Bank Ref No:

UP57CD0579

733571-

CPAGOKCHH8

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	10	310
MV Tax(19-Mar-2026 to One Time)	7336	734	8070
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AJAY SIR

GUPTA AUTOMOBILES



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57CD0579 Registration Date : 06-Apr-2026
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ., 189-274304
 Owner Name : DHANANJAY RAI Son/wife/daughter of : RAMSAGAR RAI
 Full Address: (Permanent) : VILL- BISHUNPUR BARIYA PATTI, POST- BISHUNPURA, , KUSHINAGAR, UTTAR
 PRADESH-274302
 Full Address: (Temporary) : VILL- BISHUNPUR BARIYA PATTI, POST- BISHUNPURA, , KUSHINAGAR-UTTAR
 PRADESH-274302

Fitness UpTo : 05-Apr-2041 Tax UpTo : One Time
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2149591140 Rear HSRP No : AA2150508412
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJFN353RGM05572
 Engine No : JF17ERRGM05563 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 115
 Colour : PEARL SILVER WHITE Laden/GV Wt (kgs) : 245
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 19-Mar-2026 Sale Amt : 73357/-
 OTT Date : 19-Mar-2026 Amount/Rcpt No : 7336 / UP57D26040000644
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 03-Jun-2026
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 06-Apr-2026 to 05-Apr-2041

Date : 05-Jun-2026 16:34:15

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 05-Jun-2026

Q 9390602